

**RENEWAL APPLICATION / INSTRUCTION FORM**

**PLEASE ALLOW TEN(10) BUSINESS DAYS FOR PROCESSING. BE ADVISED THAT ANY DEFICIENCY IN THE APPLICATION OR FAILURE TO PROVIDE ALL SUPPORTING DOCUMENTATION WILL DELAY THE PROCESSING OF YOUR RENEWAL OR MAY LEAD TO THE DISAPPROVAL OF YOUR RENEWAL.**

**The following documents are required to be submitted by all NYS Retail Licensees:**

- Renewal Advisory
- Completed Renewal Application form (all pages)
- Submit a check or money order payable to New York State Liquor Authority in the total amount as shown on the Renewal Advisory.
- Original surety bond in the appropriate amount; **SIGNED BY THE LICENSEE**; and with the expiration of the bond being the same as the license expiration date on the Renewal Advisory . The bond must have the premises name and address typed exactly as it appears on your license certificate.

**REQUIRED FOR NEW YORK CITY ON-PREMISES LICENSEES ONLY:**

- Submit a copy of the *Standardized Notice Form for providing a 30-Day Advance Notice to a local Community Board* as required by Section 110 (b)(b) of the ABC Law that was sent to the Community Board. This section of the ABC Law requires that all on-premises licensees (whether licensed for beer; beer& wine; or beer, wine & liquor) located within the city of New York notify the Community Board that they are renewing their license.
- Also submit proof of how the *Standardized 30-day Notice Form to the Community Board* was sent which consists of:
  - a. A copy of the certified mail receipt or a copy of the certified mail card - return receipt requested; or
  - b. A copy of the delivery receipt from a commercially recognized delivery service; or
  - c. A copy of the Standardized Notice Form form date-stamped by the Community Board.

**If applicable, submit the following:**

- Notice of appearance if an attorney or representative assisted in completing this renewal application.
- If the Trade Name has changed since the last renewal filing you must also include an Assumed Name Filing Receipt from the NYS Dept. of State (for a corporation, Inc, LLC, LP or Ltd.) or a Business Certificate from the County Clerk's office (for sole proprietors) with the renewal application.

***The only change that can be made during the Renewal process is the Trade Name (DBA) change. If there have been any changes to the principals of the license, any physical changes to the establishment or changes to the approved method of operation you must file the appropriate change application that can be found on our website at: [www.sla.ny.gov](http://www.sla.ny.gov). You must receive approval from the Authority before making any such changes.***

The completed application and any supporting information, including the **Renewal Advisory**, must be mailed to the address below:

**M&T Bank Lockbox  
New York State Liquor Authority  
PO Box 8000-Dept 930  
Buffalo, New York 14267**

**ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL**

**1. Licensed Premises Information**

Is your licensed premises closed?  YES  NO

If yes, is your license in safekeeping with the Authority?  YES  NO

If yes, do you wish for your license to remain in Safekeeping at Renewal?  YES  NO

If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. *Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.*

Licensed Premises Name:  License Serial #:

Trade Name (if applicable):

Federal Employer Identification Number :

**1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor**

Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.

If you hold an **on-premises** license, please select the method of operation from the following list:

- Restaurant  Catering Establishment  Club (i.e., Fraternal Org)  Hotel  Bed & Breakfast  Ball Park/Stadium/Arena
- Bar/Tavern  Sports Bar  Cabaret  Night Club/Dance Club  Adult Entertainment  Country Club/ Golf Course

If dancing is permitted at the premises, who is be permitted to dance?  Patrons  Employees for entertainment  Both

If dancing is permitted, is there exotic dancing including, but not limited to, pole dancing and/or lap dancing?  YES  NO

Is there topless entertainment at the premises?  YES  NO

**Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.**

**1b. Address of the Licensed Premises**

**If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board.**

Licensed Premises Address:

City:  State:  Zip Code:

County:  Email Address:

Premises Telephone # (include area code):  Contact Phone # (include area code):

**Mailing Address (if different than premises address)**

Mailing Address:

City:  State:  Zip Code:

## 1c. Landlord/Building Owner Name and Address - also required if building is owned by the licensee

Landlord Name:

Address:

City:  State:  Zip Code:

## 2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been **ARRESTED** and/or **CONVICTED** during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

YES    NO    Previously Reported

If YES, complete the chart below. Submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If the charge(s) are not complete submit documentation showing your next court appearance. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition

## 3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

### A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name:  Date of Birth:  Social Security #:

Residence street address:

City:  State:  Zip Code:

Telephone # (include area code):  Cell Phone # (include area code):

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**B. Partnership (This section must be completed, signed and dated by each partner.)**  
**Attach additional sheets if necessary**

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
..... Partner Signature		..... Title		..... Date	

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
..... Partner Signature		..... Title		..... Date	

**C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer.)**  
**This principal should be the primary point of contact.)**

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
..... Authorized Signature		..... Title		..... Date	

**C. - Continued - All remaining Principals on the license must be listed below.  
(Attach additional sheets as needed to include all principals)**

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		

**D. Club (This section must be completed, signed and dated by the Club Alcoholic Beverage Control (ABC) Officer who has been approved by the State Liquor Authority.)**

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Authorized Signature	Title		Date		